

NAVAL DENTAL CENTER GULF COAST SELF-ASSESSMENT

The Leadership System

a. The direction for the Command is aligned with that of the Navy Dental Corps and set by the Commanding Officer (CO). Under the leadership of the CO, with guidance from the Executive Steering Committee (ESC), the Command Mission, Vision, Guiding Principles, Strategic Goals, Annual Plan, and Performance Goals (APGs) were established. The Strategic and Annual Plans are published and distributed to the 14 geographically dispersed branch clinics and reviewed at quarters, clinic stand-downs and semi-annual Command alignment conferences in addition to their incorporation into the Command's customer service training. The direction is further communicated by executive visits to the branches, Plan of the Month (POM), the Command's web site, ESC and Executive Committee of the Dental Staff (ECODS) minutes, and e-mail.

b. Performance expectations are set by the CO and ESC to align with Navy Dental Corps policy and direction. Targets are monitored by APGs and through reporting requirements, such as the monthly Performance Improvement Reports (PIRs) and Command and Composite Metrics.

c. The Command leaders monitor their own effectiveness through progress toward targets (metrics), APG success, feedback during clinic site visits and patient satisfaction surveys. Periodic feedback is provided via e-mail, telephone consultations, semi-annual Command conferences, Captain's call, and MED-06 teleconferences.

d. The Command suite electronically reviews the clinic monthly PIRs on a shared drive and provides color-coded comments which are returned to the branches for review. The PIR contains ODR, DHI, % Class 3 and 4, prophylaxis number and percentage, access to care in seven areas, failure rate (including number of appointments and percentage successfully filled), total production relative to targets, and areas of concern with recommendations/solutions. Dashboard elements that are reviewed by the ESC on a monthly or quarterly basis include: composite metrics, prosthetic outsourcing, return on investment (ROI), risk management, third party collections, status of funds, retention rate, advancements, awards, staffing, training, legal, and repair. The ECODS discusses PIR concerns monthly. The ESC and ECODS minutes are then disseminated to each branch clinic for review.

e. The Command has an impact on the community through multiple forums. An annual Command Symposium provides dental CE for the Pensacola area civilian dentists and their staff. Command personnel are active in a local water fluoridation campaign and in school visits during Children's Dental Health Month (CDHM). Dental information and training for military members is provided through base indoctrination presentations, health fairs, clinic bulletin boards, POW (M) and newspaper articles. Several branch clinics have MOUs with community colleges for dental hygiene and dental assisting students to provide care and assistance in the military clinics. Command personnel also impact their communities through extensive volunteer work in schools, churches, civic organizations including "meals on wheels", scouts, coaching athletic teams and community clean up and construction projects. Command personnel volunteered over 4,000 hours of community service in FY01.

Strategic Planning

BUMED's Strategic Plan was used as the starting point and basis for developing the Command's Mission, Vision and Guiding Principles. The annual planning off-site session for the ESC took place in September 2001, and was facilitated by the Command TQL Coordinator. This two-day meeting utilized input from branch directors and senior enlisted advisors to augment the ESC's development of a FY02 Annual Plan and three Strategic Goals:

1. Achieve dental health and maintain readiness.
2. Efficiently employ our resources to optimize results
3. Achieve customer and staff satisfaction.

Twelve Annual Performance Goals (APGs) were selected by the ESC through an independent voting process. Due to the dynamic nature of establishing and achieving goals, some of the goals were new and some were carried over from FY01. Each APG was assigned a goal owner who was knowledgeable and ideally suited to champion the goal. The goal teams developed action steps, set target completion dates, and reported progress quarterly to the ESC. Some of the APGs are more finite and will be completed in FY02, whereas other goals are very likely to be reviewed and continued into the following year. Goal progression is presented by the goal owner to the ESC as "% complete" in a monthly reporting metric.

To better align financial resources with performance improvement efforts, the ISEB and Equipment Review Board analyze requests for equipment purchases and facility modifications to ensure alignment with Command goals. Return on investment worksheets have been developed and disseminated to all branch directors to encourage smart business decisions based on data analysis.

Areas for improvement come from multiple sources including: dictated by higher authority, brainstorming during meetings (ESC, ECODS, and APG teams), peer interaction during CO/XO Dental Corps meetings, and sometimes arise from the deckplates.

Each of the 12 FY02 APGs align with one of the three Strategic Goals, which directly support BUMED/Command's Strategic Plan.

Focus on Patients, Other Customers, and Markets

Patient satisfaction data is collected and analyzed through the DoD Patient Satisfaction Survey. Survey results are received quarterly, reviewed by the CO/XO, and disseminated to the clinics. Results are then discussed at clinic meetings. Patient satisfaction trends are reported on the Composite Metric, comparing the current and previous quarter results. Immediate patient concerns obtained through clinic questionnaires are addressed by each clinic's patient contact representative and branch director.

We serve a very diverse population. Branch clinics track specific unique requirements and priorities, such as the number of students requiring a particular dental procedure. The DENCAS database provides the ability to identify both type of patient (e.g. student) and individual patient needs. Branch Directors are encouraged to include dental treatment needs trends on the monthly PIR, which is reviewed by the Command suite. Personnel or equipment can then be redistributed in the Command to address a new or different requirement in a particular geographic area, such as Pensacola, south Mississippi or south Texas.

The demographics of our customers are identified in the patient satisfaction survey results. Smokers are identified through the dental record questionnaire. Staff, student and ship's personnel are grouped and reported on the PIR with respect to ODR and DHI. Clinics with large student populations have active caries risk management programs based on the Dental Corps Oral Disease Risk Management Program (ODRMP). The Command PPIP coordinator is responsible for health promotion and the CDHM activities. Tracking sheets for caries risk management in the dental record are used to track progress as patients go to different providers and clinics. Priorities are often set by operational requirements, including student schedules, ship's movement, and reserve activity.

Patient needs are easily identified using the DENCAS database; their wants and desires are addressed more qualitatively, on an individual basis by providers. The FY01 Annual Plan included an APG to "Identify patient treatment desires and develop strategies to meet them."

The patient's needs are satisfied by addressing urgent before routine categories on the DENCAS treatment plan, sequencing of treatment, allocation and sharing of resources and "one-stop shopping" initiatives. New initiatives to share providers, share access to appointment schedules, and expanded functions technician/multi chair capabilities will increase the quantity and quality of dental services provided.

Communication with RLCs via regular (weekly) meetings by the branch directors is encouraged and expected. These contacts provide exchange of information including the needs and desires of customers and providers. Interaction with, and support from, all RLCs and unit liaisons facilitates the smooth delivery of services.

Information and Analysis

Tracking of some metrics is mandated by higher authority with specific reporting requirements. The ESC and ECODS primarily decide which Command metrics are to be tracked for leadership review. The ESC, through the Annual Plan, established APGs along with their associated metrics. The ESC

has also established a "dashboard" for reviewing certain metrics on a monthly, quarterly or semi-annual basis.

The contents of the monthly PIR are reviewed and approved by the ECODS, which includes the 14 branch directors, twice a year at the semi-annual Command conference to insure alignment with the Annual Plan. Changes to the PIR are approved by the CO based on recommendations in the ECODS minutes. Many of the Dental Corps composite metrics are reported monthly by the branch clinics on the PIR.

Other data is collected monthly as part of the MEPRS and DIRS (DENCAS) reporting systems, through reports to the fiscal department, the quarterly manning and population supported status reports and the operational platform readiness report.

Monthly PIRs are posted on the shared drive for review, comments, and action by the CO, XO, DFA and CMC and returned to the branches. The branch PIRs are collated into a monthly Command report and added to the Command summary report, which tracks the metrics over time. Run charts on ODR, DHI, and productivity are posted monthly on a HQ bulletin board and similarly at each branch to inform and educate the staff and external customers. For the ESC dashboard, pertinent data is updated and comment notes are added in the powerpoint presentation on the shared drive for monthly review. Trends observed and other comments are provided in the minutes when the dashboard is reviewed at the ESC meetings.

A presentation is routinely made regarding the metrics to the branch directors and senior enlisted leaders at the Command conferences and alignment meetings.

Over the years, analysis of the data, especially ODR, DHI, patient population, and provider productivity have been used to enhance treatment focus initiatives within the Command. These changes improved efficiency without adversely affecting Command mission accomplishment.

Staff Focus

To promote alignment, the Command has semi-annual Command conferences. These meetings review the direction of the Command, promote understanding of the varied challenges of individual clinics and orient the clinics toward their contribution to the "big picture".

The APGs have involved team members from across the Command working on common goals. Sharing of resources, including manpower, among clinics has been encouraged and fostered by the CO. The three metropolitan Pensacola clinics have been empowered to develop an "area approach" to reaching and maintaining a local ODR, DHI, and training goals.

The Command is organized to promote cooperation, innovation and flexibility through the Command conferences, Strategic Plans, APGs, the CO's Command philosophy, and site visits. Flexibility is fostered by empowerment of branch directors to set schedules and work hours to meet the needs of their unique patient populations.

A reward system is in place that recognizes, supports, and offers compensation for high performance. Enlisted military are nominated for bluejacket, junior, and senior sailor of the quarter and sailor of the year awards at the branch and Command level. Civilians are recognized through the civilian of the quarter and civilian of the year programs. There are separate GS and contract civilian awards. Other awards include mid-tour awards (CO NAMs) for specific actions, and end of tour awards. Additionally, branches are encouraged to utilize Letters of Appreciation, special liberty and special recognition at quarters to reward performance. The Commanding Officer's Award for Clinical Excellence (COACE) recognizes superior clinical performance by a junior dental officer. One of the FY02 APGs incorporates an incentive program to reward clinical productivity.

Training is aligned with the clinical and administrative needs of the branches and the Command. It may be mandated by higher authority, required for licensure or certification, utilized to augment noted areas of weakness or to improve a skill level. A training needs assessment was completed by all Command personnel in May 2001 and the results were used to develop training topics, seek outside training resources and assist with development of the FY02 training plan. One of the FY02 APGs focuses on a professional development training program for enlisted and civilian staff.

Command personnel are trained through local in-service training, out-service TAD, and by bringing professional personnel to the clinics or Command for afternoon and evening lectures as well as the annual Command symposium.

Training funds are budgeted annually based on the number of personnel and Command requirements. All professional training is tracked by the Comptroller and the Command Training Petty Officer. Training is assessed through successful board certification, maintenance of licensure,

improvement in specific skill performance, and lectures/discussions presented to staff members related to the training courses attended.

Staff satisfaction is determined through the OAQ (Organizational Assessment Questionnaire) survey, QOL surveys, weekly staff branch clinic meeting, Captain's calls, executive site visits, CMC direct communication with enlisted, and daily e-mail communication up and down the chain of Command. Attempts are made to improve staff satisfaction by providing training and utilization of expanded knowledge and skill levels as well as advanced equipment and materiel procurements.

Staff satisfaction is also measured by percent of reenlistments, active duty continuations and contract renewals. Group activities such as picnics and luncheons are incorporated at least quarterly to enhance team building and maintain morale.

The evaluation system supports high performance by providing feedback with areas of strength and weakness on a monthly basis to directors through PIR comments, and semi-annually by formalized counseling for military, civilian, and contract personnel. Great effort is made in the evaluation process to ensure a fair assessment and appropriate rewards. This is accomplished through input from the individual, direct supervisors and the chain of command. The highest evaluations go to individuals who demonstrate sustained support for the Command mission through their professional productivity and focus on alignment with Command goals.

Process Management

Many processes are defined and designed by higher authority. Processes are also determined by the ESC and ECODS, but more often by APG teams, focus groups and by individuals. The design and documentation of some internal processes is done at the clinic level. Improvement for success at the lowest level is encouraged, assuming the changes are aligned with the Command Mission, Vision and Guiding Principles (Strategic Goals). Documentation is accomplished through use of flow charts and SOP manuals. Monitoring of process improvement is tracked with metrics, usually on the monthly PIR, allowing information to be shared at all levels across the Command. Often process improvement is measured by an existing metric; other times special measurements are required. Process improvement is continuous and responsive to patient needs, operational requirements, APG developments and ESC/ECODS guidance.

To enhance delivery of high quality dental services we have designed and implemented two new processes that utilize new technology and time tested efficiency models. Technological advances in digital radiography have made it the standard for the industry and the logical replacement for conventional radiography. The benefits are less radiation exposure, rapid image production, the ability to share the image electronically and HAZMAT waste reduction. We have incorporated a completely digital radiographic system in our largest branch clinic and two satellite sites to evaluate the connectivity pathways prior to Command-wide deployment. The Command has also initiated a team dentistry model in response to an increased need for dental services and increased focus on total dental health. Progress is ongoing in all specialty areas and development has involved shifting provider assets, creating treatment teams, utilizing multiple chairs and expanded functions trained assistants, introducing flexible schedules and balancing treatment loads. Improvements include an electronic appointment scheduler, increased access to care and treatment focused at achieving dental health in addition to dental readiness. True measures of effectiveness will be developed as the data is analyzed.

Key business processes include outsourcing and partnering which are monitored on many levels throughout the Command. Prosthetic lab outsourcing was initiated to decrease case turnaround time and improve provider and patient satisfaction with prompt delivery of prosthetic care. Access to care, case turnaround time, and input from providers and patients are indicators of success. Partnerships with local universities allow civilian dental hygiene students to perform clinical procedures in our branches, increasing the access to dental health for our beneficiaries.

Our most important support processes tracked by the ESC are manpower management, information technology, risk management and resource management. Our APG's have been developed to enhance and improve these processes. They are monitored by reports, site visits and surveys. These areas are discussed at the ESC and/or ECODS and are monitored as dashboard items. Personnel are encouraged and empowered to correct processes at the lowest level.

Organizational Performance Results:

NDCGC tracks and reports to MED-06 on Navy Dentistry's system metrics and the composite metrics. In addition to this comprehensive review of operational performance we have also tracked other metrics in an organized manner. The majority of these are part of the monthly PIR which we have been using for over four years. During this period the reporting format has been continuously modified to adapt to changing needs, highlight process improvement and to respond to taskings from the ESC and ECODS. Examples of indicators currently monitored are:

- ODR and DHI by category (staff, students, fleet, and Command totals).
- Incoming and outgoing "A" school student ODR and DHI.
- Production by branch and provider including auxiliary staff.
- Progress toward productivity targets at branch and Command levels
- Patient populations
- Percentage of appointments filled and failure rates for all providers.
- Return on Investment for each BDC, contract DDS, and contract and GS RDH.
- Access to care and clinic workloads.

In addition to these data analysis and system improvements, changes to processes in several other key areas have enhanced overall organizational performance:

- **Financial:** Refinements of the return on investment metric have been completed. Fiscal has successfully executed yearly budgets with less dollars than actually required. Acquisition of major equipment money for long overdue upgrades and clinic expansion projects to enhance mission capabilities are in progress.
- **Customer Satisfaction:** As addressed in a previous section, the Command generated staff satisfaction survey and the DEOMI standardized survey will be completed in the 2nd quarter FY02. Results will be used for future planning.
- **Clinical and Support Processes:** Our APG progress and supply and partner performance has been discussed. Over the years, analysis of the data, especially ODR, DHI, patient population, and provider productivity has resulted in the shifting of manpower within the Command to maximize assets. As a result of the BUMED optimization plan, NDCGC lost six contract dentist billets. To compensate, an aggressive program involving expanded functions, multi-chair dentistry, and "power prophies" was initiated to maintain and increase productivity and services. An analysis of the data also demonstrated a negative trend in failure rates. This was presented to our RLC resulting in a letter from the CNET Vice Commander to all training units served by NDC Gulf Coast addressing the issues. This line Command support and other initiatives have enabled us to reverse the trend for both the dentists and hygienists.

More in-depth information concerning data analysis, system improvements and the resulting impact of key areas and indicators monitored is available upon request.